Huisartsenpraktijk van Heerde

INTAKE FORM FOR NEW PATIENTS OF GP PRACTICE VAN HEERDE

1. Would you inform your previous General Practitioner that you registered at GP practice Van Heerde? And request them to send your medical records to us?
2. We kindly request you to bring this completed intake form along with the attached declaration of application (page 4) to your intake appointment. We use this declaration for the health insurance provider.
3. Please also bring a black/white copy of your proof of identity and a black/white copy of your health insurance card.

Personal details

Name:	Address:
Initial(s):	Postal code:
First Name:	Phone number (mobile):
Male/Female:	Phone number (fixed):
Date of Birth:	Phone number (work):
Country of Birth:	Email address:
Residing in The Netherlands since:	Name of new pharmacy:
Contact person/Representative:	

Details previous General Practitioner

Name previous General Practitioner:
City:
Phone number:

Family or current living situation

☐ Living alone	☐ Married
☐ Living together with:	☐ Divorced since:
☐ Roommate of:	☐ Widow/widower since:

Do you have children? (Please fill in a separate form for every child living at home)

☐ No	
☐ Yes, living at home	☐ Number:
☐ Yes, not living at home	☐ Number:

Work / Education

☐ I am studying
☐ Completed school / education:

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☐ I am working, as a(n):	Employer:
☐ I am on welfare	

Do you have a specific belief/religion?	If yes, which one?
Do you have hobbies?	If yes, which one?
Do you exercise/play sports?	If yes, which one?

Health and diseases. Are you currently under treatment by a medical specialist?

☐ No

☐ Yes, namely:

Have you ever had symptoms/manifestations of:

☐ Diabetes	☐ Anxiety
☐ Lung diseases (Asthma, Chronic bronchitis, Tuberculosis)	☐ Eating Disorders
☐ Hypertension (high blood pressure)	☐ Liver/bowel diseases
☐ Cardiovascular diseases	☐ Stomach diseases
☐ Burn out	☐ Thyroid diseases
☐ Depression	☐ Long-term joint problems
☐Venereal diseases / STD	☐ Other diseases:

Do you use medication?

☐ No

☐ Yes, namely:

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Are you allergic to certain medication?

☐ No	
☐ Yes, namely:	

Have you ever experienced side effects of certain medication?

☐ No	
☐ Yes, namely:	

Do you have any allergies?

☐ Certain foods or drinks	If yes, which one(s):
☐ Other nutrients	If yes, which one(s):

Have you ever been in a major accident or have you ever had surgery/medical interference?

☐ No	
☐ Yes, namely:	

Lifestyle

Do you smoke?	No/ Yes	Number of cigarettes per day:
Do you drink alcohol?	No/ Yes	Number of glasses per day:
Do you use drugs?	No/ Yes	Kind of drugs/amount and quantity of use:

Has there ever been an HIV test performed on you?

☐ No		
☐ Yes	When:	Result:

Have you ever been a victim of sexual violence?

☐ No	
☐ Yes	

Diseases running in the family

☐ Diabetes	☐ Asthma, Chronic bronchitis,
☐ Hypertension (high blood pressure)	☐ Kidney diseases
☐ Cardiovascular diseases	☐ Mental illness

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☐ Stroke or cerebral hemorrhage ☐ Cancer, which type:

Is there any information not been asked, that you consider important for your General Practitioner to know?

PERMISSION TO SHARE MEDICAL INFORMATION WITH THE GP EMERGENCY POST (EVENING AND WEEKENDS)

DO YOU GIVE PERMISSION?

YES

NO

Information: https://www.whiteboxsystems.nl/faq

SIGNATURE

DECLARATION of APPLICATION at a GENERAL PRACTITIONER

The undersigned

Name:	
Address:	
Postal code:	
Place of residence:	
Date of Birth:	
Health insurance provider:	Insured number:

Hereby declares that he/she, as of ___-___-_____(dd-mm-yyyy),
has been registered as a patient at:

GP practice Van Heerde
de Tourton Bruynsstraat 9
1063 XL Amsterdam
AGB-code praktijk 01053513

And the patient hereby gives permission to request the medical records at the previous General Practitioner.

City _____ Date ___-___-_____ Signature _____

Huisartsenpraktijk
van Heerde

INTAKE FORM FOR NEW PATIENTS OF GP PRACTICE VAN HEERDE

Concerning the following person(s):

	Name	Date of Birth	M/F	Health insurance provider	Insured number
1					
2					
3					
4					
5					
6					
7					
8					

Important note: This is the official declaration of application. We use this declaration as proof of your registration at this GP practice for the health insurance provider.

Huisartsenpraktijk van Heerde – De Tourton Bruynsstraat 9, 1063 XL Amsterdam, Telefoon: 020-6131237